MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4000		
2	4000		
3			
4	1		
5	1		
6			
7	0		
8	2		
9	171X		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1796 STATE FILE NUMBER 63-022585

FILED JUN 11 1963

1. PLACE OF DEATH
a. COUNTY ST LOUIS,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RIVERVIEW
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11121 RIVERVIEW
Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY ST LOUIS,
c. CITY OR TOWN RIVERVIEW
Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 11121 RIVERVIEW
Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First FRIEDA Middle E Last GRAFF

4. DATE OF DEATH Month JUNE Day 4, Year 1963

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 10/31/08
9. AGE (last birthday) 54
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ST LOUIS MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME MORRIS BUESKING
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE FRED GRAFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address FRED GRAFF 11121 RIVERVIEW

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Cervix } Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary, and Lumbar
DUE TO (c) Spine Metastases
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 22, 1959 to June 4, 1963 and last saw her him alive on 5-25-63
Death occurred at 4:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A.R. Arnison, M.D
22b. ADDRESS 457 No. Kingshighway
22c. DATE SIGNED 6-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 4/8/63
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State) ST LOUIS MO.

24. FUNERAL DIRECTOR ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE
25. DATE RECD. BY LOCAL REG. 6-5-63
26. REGISTRAR'S SIGNATURE John E. Mungley M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr Arneson
407 No Kingshighway
207-03 3
1130 till 5 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________, Student Embalmer No. ________

working under my personal supervision.

Student ______________________
Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.